St. Gabriel School
77 Bloomfield Ave., Windsor, CT 06095 860-688-6401 www.stgabrielschool.org

PRESCHOOL SOCIAL/DEVELOPMENTAL HISTORY FORM

Name of Pupil_____________________________________Date of Birth_____________

Address________________________________History given by____________Date____

The following questionnaire is to help know your child's strengths and weaknesses so that we can better meet individual needs in preschool.

FAMILY - List the people living in the child's home:

Full Name	Birth Date	Relationship to Child	Grade Completed
1.______________________	_________	____________	______
2.______________________	_________	____________	______
3.______________________	_________	____________	______
4.______________________	_________	____________	______
5.______________________	_________	____________	______
6.______________________	_________	____________	______

LANGUAGE DEVELOPMENT

Approximately when did your child say first words_________________
sentences_________________

Please check present language patterns:

_______ Clear speech _________ Stutters
_______ Lisp _________ Specific sound substitutions
_______ Can express ideas effectively
_______ Understands spoken words
_______ Uses single words; _______phrases; ______sentences

Are other languages spoken in the home: Yes______; No________
Which ones____________________________ How often_______

MOTOR DEVELOPMENT

Approximately what age did your child: Sit____; Crawl_____; Stand_____; Walk_____
Become toilet trained__________:
Any toilet accidents? Yes____; No____; Day_____; Night_____: How often________
When getting dressed: Zips _________ Buttons _________ Snaps _________

Please check present motor skills:

_____ Runs
_____ Hops
_____ Skips
_____ Balances on one foot
_______ Climbs stairs correctly
_______ Rides tricycle or bicycle
_______ Throws and catches ball
_______ Seems well coordinated
_____ Uses crayons; ______pencils; ________scissors;
Hand preference: ______right; ______left; _______both

READINESS:

Please check activities your child can do.

_____ Writes name
_____ Remembers short messages (word for word)
_____ Follows 2-3 step directions
Recognizes: _____ Numbers, _____ Colors, ______ Letters, _____ Words
______ Dresses self
Shows imagination in:
_____ Story telling
_____ Drawing
_____ Building and making things
_____ Play activities
_____ Other

HEALTH (check all appropriate items)

______ Is generally in good health
______ Has satisfactory sleeping habits
______ Experiences nightmares
______ Requires little sleep
______ Is extremely active
______ Is quiet, lethargic

______ Is subject to bedwetting
______ ear infections
______ frequent colds
______ eating problems
______ high fevers
______ allergies (explain) __________________________________
______ Vision problems
______ Hearing problems
______ Surgery (explain)____
______ Hospitalization (explain)__________________________________
______ Accidents (explain)______________________________________
______ Other____

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SOCIAL DEVELOPMENT: (check)

	Often	Sometimes	Rarely
Makes friends easily	_____	_____	_____
Can amuse him/herself	_____	_____	_____
Separates easily from parent	_____	_____	_____
Uses self control	_____	_____	_____
Is confident and self-assured	_____	_____	_____
Finishes one task before starting another	_____	_____	_____
Joins in group activities readily	_____	_____	_____
Can be trusted	_____	_____	_____
Shares easily	_____	_____	_____
Cleans up after self	_____	_____	_____

BEHAVIORAL DEVELOPMENT (check)

	Often	Sometimes	Rarely
Bites nails	_____	_____	_____
Sucks thumb	_____	_____	_____
Has temper tantrums	_____	_____	_____
Is overly sensitive	_____	_____	_____
Is afraid of new situations	_____	_____	_____
Is fearful	_____	_____	_____
Is very dependent upon others	_____	_____	_____
Naps during the day	_____	_____	_____
Prefers to play alone	_____	_____	_____
Listens to a story read aloud	_____	_____	_____
Watches TV (1 hr. per day)	_____	more _____	_____

DEVELOPMENT HISTORY (check)

Pregnancy: _____ Normal; _____Problems (explain)_________________________

____

Medication:____

_____ Full Term; ______ Premature;

Baby's condition at birth: Birth weight________

Healthy _________

Complications________

Specify any medical problems____

Has your child experienced any unusual emotional stress? If yes, please explain._______

____

____